HEALTH CARE FINANCING ADMINISTRATION	OMB NO, 0938-0193
	1. TRANSMITTAL NUMBER: 2. STATE:
TRANSMITTAL AND NOTICE OF APPROVAL (OF 8 MA New Jersey
STATE PLAN MATERIAL	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
FOR: HEALTH CARE FINANCING ADMINISTRATION	SECURITY ACT (MEDICAID)
TO DECIDIAL ACTION OF THE PROPERTY OF THE PROP	A PROPOSED ESSECTIVE DATE
TO: REGIONAL ADMINISTRATOR • HEALTH CARE FINANCING ADMINISTRATION	4. PROPOSED EFFECTIVE DATE
DEPARTMENT OF HEALTH AND HUMAN SERVICES	January 1, 2001
5. TYPE OF PLAN MATERIAL (Check One):	
□ NEW STATE PLAN □ AMENDMENT TO B	E CONSIDERED AS NEW PLAN TO AMENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN	AMENDMENT (Separate Transmittal for each amendment)
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:
40 U 6 0 6 (magda)	a. FFY 2001 \$=0=
42 U.S.C.A. 9902(2) 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
to the second of	ORATTACHMENT (If Applicable): Up 19 19 19 19 19 19 19 19 19 19 19 19 19
Supplement 1 to Attachment 2.6-A	480e f. 5.7.5 and
Pages 1, 3, 5	Same
6	And the state of t
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10. SUBJECT OF AMENDMENT:	The APPENDENCE OF THE MENT PROPERTIES PORTER PROPERTY.
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THE CORE IN CONTRACT THE CO	assistential isalesis, estasa sissa tuera. Midrib idi 87,1 sel 202 11. 2011, 11.
	notions MMAS and standardings out sharts agreem standard to the
11. GOVERNOR'S REVIEW (Creek One):	to the Committee of State American American States and States for the control of
GOVERNOR'S OFFICE REPORTED NO COMMENT	Control of the state of the sta
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	Dock 13 Typed Bone - Type name of State official will signed order."
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTA	NL
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:
40 TVDED NAME	The first of the second second with the second seco
13. TYPED NAME:	Division of Medical Assistance
James W. Smith, Jr. 14. TITLE:	and Health Services
Acting Commissioner	P.C. Box 712: http://www.acapacamagamagamagamagamagamagamagamagamagam
15. DATE SUBMITTED:	
	A SAME
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Revisi	on:	AUGUST 1991	(BPD)	Page 1 OMB No. :	0938-	HMENI 2.6-A
		STATE PLAN UNI	DER TITLE XIX (OF THE SOCIAL	SECURITY A	ACT
State:		New Jersey				
			INCOME ELIGIE	BILITY LEVELS		
A.	MANE	DATORY CATEGO	RICALLY NEEDY	•		
1.	AFDC	-Related Groups O	ther Than Povert	y Level Pregnan		Infants: aximum Payment
Family	/ Size	Need Star	ndard	Payment Sta		Amounts
1 (311111)	1	\$410		\$185	ridai d	\$162
	2	819		369		322
	3	985				424
				443		
	4	1,127		507		488
	5	1,260		567		552
	6	1,386		624		616
	7	1,505	5	677		677
	8 -	1,617	7	728		728
each p		112.00 for each per	rson Add \$50.0	0 for each addition	onal person	Add \$50.00 for
2.	Pregn	ant Women and Inf	ants under Section	on 1902(a) (10) (i) (IV) of the A	Act:
Effective April 1, 1990, based on the following percent of the official Federal income poverty level.						
	\boxtimes	133 percent	(st	percent (n	o more than	185 percent
		Family Size			Income Lev	<u>rel</u>
		1			\$ 95	2
					\$ 128°	 -
		2 3 4 5				
		3			\$ <u>162</u>	
		<u>4</u>			\$ <u>195</u>	
					\$ <u>229</u>	<u>1</u>
Note: The optional 185% coverage was implemented on 7/1/91. Note: NJ had a legislative impediment to implementation of 133% coverage of pregnant women and children. That expansion was subsequently implemented effective April 1, 1991.						
	•					
		-				
Super	sedes	00-03 -				01-08-MA(NJ)
- apol	TN_	01-08				
	Sup	persedes TN	<u>00-03</u> Ef	fective Da		

Revision:

HCFA-PM-91-4 (BPD)

AUGUST 1991

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STATE PLAN UNDER	TITLE XIX OF TH	E SOCIAL SECURITY ACT

State: New Jersey

INCOME ELIGIBILITY LEVELS (Continued)

- B. OPTIONAL CATEGORICALLY NEEDY GROUPS WITH INCOME RELATED TO FEDERAL POVERTY LEVELS
 - 1. <u>Pregnant Women and Infants</u>

The levels for determining income eligibility for optional groups of pregnant women and infants under the provisions of sections 1902 (a) (1) (A) (ii) (IX) and 1902 (I) (2) of the Act are as follows:

Based on <u>185%</u> percent of the official Federal income poverty level (no less than 133 percent and no more than 185 percent)

Family Size	Income L	Income Level	
1_	\$ 13	25_	
2	\$ <u>17</u>	90_	
3	\$ <u>22</u>	56	
4	\$27	21_	
5	\$ 31	87	

	01-08-MA(NJ
Supersedes 00-03 TNO(
Supersedes TN 00-03 Effective Date	

Revision:

HCFA-PM-91-4 (BPD)

AUGUST 1991

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OMB No.:

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STATE PLAN UNDER TITLE >	XIX OF THE SOCIAL SECURIT	/ ACT
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State: _	New Jersey	<u> </u>
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INCOME ELIGIBILITY LEVELS (Continued)

3. Aged, Blind and Disabled Individuals

The levels for determining income eligibility for groups of aged and disabled individuals under the provisions of section 1902 (m) (4) of the Act are as follows:

Based on _____ 100 ___ percent of the official Federal income poverty line.

<u>Family</u>	<u>Size</u>
1	_
2	-

<u>Income Level</u> \$ 716 \$ 968

Supersedes 00-03

TN 01-08-MA(NJ)

Supersedes TN 00-03 Effective Date